

Quality improvement initiatives can save moms, babies in Africa

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A large regional hospital in Ghana saw a reduction in maternal and infant deaths after continuous quality improvement (QI) initiatives were put into place through a collaborative partnership.

New research from lead author Medge Owen, M.D., a professor of obstetrical anesthesiology at Wake Forest Baptist Medical Center, outlines how QI initiatives that demonstrate best practices and care can increase overall survival rates for mothers and their children. The study appears in this month's issue of the *International Journal of Gynecology and Obstetrics*.

Owen is the founder of Kybele, a non-profit 501(c)3 humanitarian organization dedicated to improving childbirth safety worldwide through educational partnerships. Kybele brings professional medical teams into host countries, to work alongside doctors and nurses in their home hospitals, to improve health care standards. Kybele partnered in 2007 with the Ghana Health Service to analyze systems and patient care processes at a regional hospital in Accra, Ghana, and to establish "obstetric centers of excellence" to reduce maternal and [neonatal deaths](#).

Owen said that childbirth claims more than 350,000 lives per year, many of which occur in Africa and Asia. "Maternal mortality is a major global health problem and reducing it is one of the United Nation's eight [millennium development goals](#)."

Owen, who also serves as the director of Maternal and Infant Global

Health Program at Wake Forest Baptist, said, "Maternal and infant mortality are basic health indicators that reflect the adequacy of a health care system and remains an unrelenting challenge in Africa. A recent mortality survey found that 60 percent of [maternal deaths](#) in Accra, Ghana, occurred within hospitals."

An improvement model that focused on key areas such as leadership, low staff morale and motivation, staff knowledge and training levels, patient flow and ineffective triage, and lack of basic equipment and supplies was put into place. Owen said that a foundational element of the Kybele-GHS system is frequent, brief, and intensive visits by an interdisciplinary team for immersive coaching and mentoring.

As a result of the partnership, a 34 percent reduction in [maternal mortality](#) and a 36 percent reduction in stillbirth occurred between 2007 and 2009. Owen said these reductions occurred despite a 36 percent increase in patient volume and an increased prevalence of obstetric complications, without an increase in staff.

"Although significant progress has been made, many challenges remain," Owen said. "There is no single intervention that can markedly improve maternal and perinatal care in Africa."

Owen said that sustainable improvements are possible but must be comprehensive and result from a "unified vision" shared by the local hospitals and the intervention teams.

Provided by Wake Forest Baptist Medical Center

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